

## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**St Joseph Regional Medical Center - Plymouth**City: Plymouth County: Marshall Year: **2004**

Provider Type: General Acute Hospital

| <b>I. Inpatient Care</b>            |                              |                             |                               |                                     |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| <b>Hospital Service Description</b> | <b>Number of Set Up Beds</b> | <b>Number of Discharges</b> | <b>Number of Patient Days</b> | <b>Average Charge Per Discharge</b> |
| Burn Care                           | 0                            | 0                           | 0                             | \$0                                 |
| Cardiac Intensive                   | 0                            | 0                           | 0                             | \$0                                 |
| ICU Med/Surg                        | 7                            | 590                         | 1,398                         | \$5,093                             |
| ICU Neonatal                        | 0                            | 0                           | 0                             | \$0                                 |
| ICU Pediatric                       | 0                            | 0                           | 0                             | \$0                                 |
| Medical/Surgical                    | 43                           | 1,451                       | 6,075                         | \$3,496                             |
| Neonatal Intermed                   | 0                            | 0                           | 0                             | \$0                                 |
| Obstetrics                          | 8                            | 441                         | 914                           | \$1,663                             |
| Pediatric                           | 0                            | 0                           | 0                             | \$0                                 |

|                 |    |       |       |         |
|-----------------|----|-------|-------|---------|
| Psychiatric     | 0  | 0     | 0     | \$0     |
| Rehabilitation  | 0  | 0     | 0     | \$0     |
| Substance Abuse | 0  | 0     | 0     | \$0     |
| Swing Beds      | NA | 0     | 0     | \$0     |
| Other Services  | 0  | 0     | 0     | NA      |
| Acute Subtotal  | 58 | 2,482 | 8,387 | NA      |
| Normal Newborn  | 9  | 419   | 786   | \$1,283 |

| <b>II. Outpatient Visits</b>                           |        |                     |        |
|--------------------------------------------------------|--------|---------------------|--------|
| Circulatory System                                     | 6,100  | Digestive System    | 2,002  |
| Endocrine System                                       | 6,950  | Injuries and Poison | 5,031  |
| Mental Disorder                                        | 926    | Musculoskeletal     | 4,745  |
| Neoplasms                                              | 4,447  | Nervous             | 1,219  |
| Respiratory                                            | 3,383  | Urinary             | 4,130  |
| Other/Unknown                                          | 36,980 | Total Visits        | 75,913 |
|                                                        |        |                     |        |
| Number of Visits to Emergency Department               |        |                     | 12,361 |
| Percent of Emergency Department Visits of Total Visits |        |                     | 16.3%  |

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

|                                 |                            |                            |
|---------------------------------|----------------------------|----------------------------|
| N - Ambulance Service (Owned)   | N - Alcohol/Drug Service   | Y - Anesthesia Services    |
| N - Audiology                   | Y - Blood Bank             | N - Cardiac Cath Lab       |
| N - Cardiac-Thoracic Surgery    | N - Chemotherapy Service   | N - Chiropractic Service   |
| N - CT Scanner                  | N - Dental Service         | Y - Dietetic Service       |
| N - Extracorporeal Lithotripter | N - Gerontological Service | Y - Home Health Service    |
| Y - Hospice                     | Y - Laboratory Anatomical  | Y - Laboratory Clinical    |
| N - Magnetic Resonance (MRI)    | N - Neonatal Nursery       | N - Neurosurgical Service  |
| Y - Nuclear Medicine            | Y - Occupational Therapy   | Y - Operating Room         |
| N - Ophthalmic Surgery          | N - Optometric Service     | N - Organ Bank             |
| Y - Organ Transplant            | N - Orthopedic Surgery     | Y - Pharmacy               |
| Y - Physical Therapy            | N - PET Imaging            | Y - Postoperative Recovery |
| N - Psychiatric Emergency       | N - Psychiatric Child      | N - Psychiatric Forensic   |
| N - Psychiatric Geriatric       | Y - Radiology Diagnostic   | Y - Radiology Therapeutic  |
| N - Reconstructive Surgery      | Y - Respiratory Care       | N - Rehab Inpat CARF       |
| Y- Rehab Inpat Non CARF Acc     | N- Rehab Outpatient        | N- Renal Dialysis          |

|                         |                             |                             |
|-------------------------|-----------------------------|-----------------------------|
| Y - Social Services     | Y - Speech Pathology        | Y - Surgical Inpatient      |
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center  |                             |                             |

|      |                |       |                      |      |              |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|